



DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 30589 <input type="checkbox"/> Correspondence address below			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR :		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Marvin A.		Family Name or Surname Wallace	
Inventor's Signature	<i>Marvin A Wallace</i>		Date 4-1504
Residence: City	Wynne	State	AR Country USA Citizenship US
Mailing Address	P.O. Box 932		
Mailing Address			
City	Wynne	State	AR ZIP 72396 Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
— Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	8328.001
First Named Inventor	Marvin A. Wallace
COMPLETE IF KNOWN	
Application Number	Not Yet Assigned
Filing Date	Herewith
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TRENCH FILLING DEVICE

(Title of the Invention)

the specification of which

X is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number Not Yet Assigned and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.



Express Mail: EV 447408867 US

Express Mail Date: June 14, 2004

PTO/SB/81 (10-00)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Marvin A. Wallace
Group Art Unit	
Examiner Name	
Attorney Docket Number	8328.001

I hereby appoint:

 Practitioners at Customer Number

30589

Place Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Reg. Number	Name	Reg. Number	Name	Reg. Number
Jerry J. Dunlap	17,146	Charles A. Codding	25,099	Douglas J. Sorocco	43,145
Christopher W. Corbett	36,109	Nicholas D. Rouse	36,992	Paul D. Rogers	50,234
Glen M. Burdick	24,230	Marc A. Brockhaus	40,923	Michael H. Smith	53,614
Richard A. Nelson	45,995	Kathryn L. Hester	46,768		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	Dunlap, Codding & Rogers, P.C.			
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Country	US			
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

Name	Marvin A. Wallace
Signature	<i>Marvin A. Wallace</i>
Date	4-15-04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

SEND TO: Mail Stop Patent Appl., Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.